

Saint Paul Department of Human Rights Equal Economic Opportunity
IDENTIFICATION OF PRIME CONTRACTOR AND SUBCONTRACTORS (INCLUDING MATERIAL SUPPLIERS)

Date _____

for AA/EEO , Federal Labor Standards and Vendor Outreach:

Submit this form to: Contract Compliance & Business Development
 15 West Kellogg Blvd, Room 280
 Saint Paul, MN 55102-1681
 (651)266-8900, Fax (651)266-8919

PROJECT: _____ BID #: _____ EST. CONSTRUCTION COST: _____ VOP GOAL: \$ _____ % _____

Please Identify all sub-contractors (including material suppliers) you intend to utilize on this project. Identify all suppliers with an (S), Identify Minority Owned, Women Owned and Small business with **MBE, WBE, or SBE** respectively. Please Identify Certified Vendors. **Form must be updated and submitted when you add, delete, or make other changes to the list.**

	NAME, ADDRESS, CONTACT PERSON AND PHONE NUMBER	W/M/S/BE	CERTIFIED VENDOR	NATURE OF WORK	DATE WORK TO BEGIN	DATE WORK COMPLETED	CONTRACT AMOUNT
PRIME:	_____	_____	_____	_____	_____	_____	_____
	_____			_____			
SUBS: 1.	_____	_____	_____	_____	_____	_____	_____
	_____			_____			
2	_____	_____	_____	_____	_____	_____	_____
	_____			_____			
3	_____	_____	_____	_____	_____	_____	_____
	_____			_____			
4	_____	_____	_____	_____	_____	_____	_____
	_____			_____			
5	_____	_____	_____	_____	_____	_____	_____
	_____			_____			
6	_____	_____	_____	_____	_____	_____	_____
	_____			_____			
7	_____	_____	_____	_____	_____	_____	_____
	_____			_____			
8	_____	_____	_____	_____	_____	_____	_____
	_____			_____			

Saint Paul Department of Human Rights Equal Economic Opportunity
IDENTIFICATION OF PRIME CONTRACTOR AND SUBCONTRACTORS (INCLUDING MATERIAL SUPPLIERS)

Date _____

NAME, ADDRESS, CONTACT PERSON AND PHONE NUMBER	W/M/S/BE	CERTIFIED VENDOR	NATURE OF WORK	DATE WORK TO BEGIN	DATE WORK COMPLETED	CONTRACT AMOUNT
9 _____ _____	_____	_____	_____ _____	_____	_____	_____
10 _____ _____	_____	_____	_____ _____	_____	_____	_____
11 _____ _____	_____	_____	_____ _____	_____	_____	_____
12 _____ _____	_____	_____	_____ _____	_____	_____	_____
13 _____ _____	_____	_____	_____ _____	_____	_____	_____
14 _____ _____	_____	_____	_____ _____	_____	_____	_____
15 _____ _____	_____	_____	_____ _____	_____	_____	_____
16 _____ _____	_____	_____	_____ _____	_____	_____	_____
17 _____ _____	_____	_____	_____ _____	_____	_____	_____
18 _____ _____	_____	_____	_____ _____	_____	_____	_____
19 _____ _____	_____	_____	_____ _____	_____	_____	_____